

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/585658 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER			
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	8					
TOTAL DEP.	4					
TOTAL CLAIMS	9					

CLAIMS	AS FILED		AFTER		
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					